

Selected Performance Indicators

CDC and ATSDR serve the nation by protecting people's health and safety, providing health information that people can count on, and improving health through strong partnerships. Together they are responsible for addressing a wide spectrum of health problems and emerging health threats; conducting surveillance and monitoring health threats to evaluate the effectiveness of public health preparedness and responses; communicating about public health issues for professional and lay audiences; conducting and evaluating prevention research; devising strategies to reduce racial and ethnic health disparities; providing training for the CDC/ATSDR workforce and for health professionals from other public health agencies and partners; and delivering essential preventive services.

The following compilation of activities highlights CDC/ATSDR's performance during FY 2002 and demonstrates our commitment to achieving results in fulfilling our complex public health mission. These highlights show how these activities are translated into practical programs—documenting how our health programs directly benefit state health departments, health care providers, and voluntary organizations that collaborate with CDC/ATSDR and, most importantly, directly and indirectly lead to the ultimate benefit of making our nation and our world home to a population of safer, healthier people. Many public health efforts result in considerable financial savings; others carry a net cost but represent an important investment in reducing illness and injury and in saving lives.

The compilation of performance indicators featured in this report is not intended as a complete accounting of CDC/ATSDR's activities during FY 2002. For that, the best, most complete source is the publication *Centers for Disease Control and Prevention's FY 2004 Performance Plan, FY 2003 Final Performance Plan, and FY 2002 Performance Report*. This publication outlines CDC's response to the Government Performance and Results Act by specifying key strategies, goals, and performance measures for achieving specific results in each of its major program areas, and linking its performance outcomes to available resources.

In discharging its public health responsibilities, CDC/ATSDR directly supports 7 of the 10 major goals that guide the activities of the various agencies that together form the Department of Health and Human Services:

- Goal 1: Increase access to health care.
- Goal 3: Emphasize preventive health measures.
- Goal 4: Prepare for and effectively respond to bioterrorism and other public health emergencies.
- Goal 5: Improve health outcomes.
- Goal 6: Improve the quality of health care.
- Goal 7: Advance science and medical research.
- Goal 8: Improve the well-being and safety of families and individuals, especially vulnerable populations.

CDC/ATSDR delivers this support through programs that focus on crucial public health issues, including infectious diseases, immunizations, chronic diseases and conditions, environmental and occupational health, injury prevention, sexually transmitted diseases, HIV/AIDS prevention, cardiovascular disease, health promotion, health statistics, prevention research, tuberculosis elimination, childhood and adolescent health, traveler's health, and cancer prevention and control.

Bioterrorism

Before the terrorist attacks on September 11, 2001, and the subsequent anthrax attacks via the postal systems, HHS had given CDC key responsibilities to help protect our nation from, and respond to, acts of bioterrorism. CDC has been working to address critical areas related to the rapid deployment of crucial information and resources, to improve the public health infrastructure for detection and response, and to prepare for swift deployment of "push packages" containing pharmaceutical and medical supplies. During FY 2002, CDC led the public health response to the first bioterrorism attack in U.S. history and greatly enhanced preparedness in the event of future attacks.

Bioterrorism performance measures relate to HHS Goal 4: Prepare for and effectively respond to bioterrorism and other public health emergencies.

Performance Goal:	Procure, maintain, and upgrade the materials and supplies in the National Pharmaceutical Stockpile as necessary to augment federal, state, and local response to a bioterrorist event.
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Increased to 12 the number of National Pharmaceutical Stockpile 50-ton "push packages" that contain medical and pharmaceutical materials stored in special weather-resistant cargo containers. These portable stockpiles can be rapidly deployed to a disaster site, as was demonstrated on September 11, 2001, when

a “push package” arrived in New York City within seven hours of approved deployment. CDC has also created a number of vaccine repositories at strategic sites around the country and developed mechanisms for rapid vaccine mobilization.

The FY 2002 performance target was to “Maintain a national pharmaceutical stockpile for deployment to respond to terrorist use of biological or chemical agents, including the ability to medically treat civilians for biological and chemical agents as delineated in the Draft HHS Bioterrorism Strategic Plan.” GPRA targets have been met or exceeded for three years.



Performance Goal: Enhance the capacity of CDC and state and local health departments to prepare for and respond to a biological or chemical terrorism event.

Expanded the bioterrorism cooperative agreements to fund all states, four localities, and eight territories. All jurisdictions now receive funding for each of the key elements of bioterrorism preparedness and response, which are: preparedness planning and readiness assessment, surveillance and epidemiology, laboratory capacity, communications and information technology, health risk communication and information dissemination, and education and training. The program has been centralized in CDC’s Office of the Director, giving projects a single, coordinated point of contact for bioterrorism preparedness.

The FY 2002 performance target was 55 states and localities. GPRA targets have been met or exceeded for the fourth consecutive year.

Performance Goal: Enhance the capacity of CDC and state and local health departments to rapidly detect and investigate potential biological events.

Bolstered the country’s bioterrorism preparedness and response by

- Awarding more than \$900 million in cooperative agreements within one month of the President’s signature on supplemental appropriations, giving states flexibility to spend immediately on urgent needs while developing detailed workplans.
- Overseeing the Health Alert Network, which lays the foundation for a nationwide health communications system, to all 50 states, one territory, and four major metropolitan areas.

The FY 2002 target was 55 states and localities. GPRA targets have been met or exceeded for the third year.

Performance Goal: Enhance the laboratory capacity of CDC and state and local health departments to rapidly and accurately identify biological and chemical agents that can pose a terrorist threat.

Increased to 150 the number of chemicals in the Rapid Toxic Screen, which, in the event of a chemical emergency or situation involving chemical terrorism, would guide medical response personnel by providing vital information on the identity and levels of chemical agents involved, helping them determine who has and has not been exposed so that medical responders can render appropriate care to those who have been exposed.

The FY 2002 performance target of increasing to 150 the number of chemicals was met. GPRA targets have been met or exceeded for the last two years.



Helped meet the critical need for rapid communication among public health officials in all states and territories through the secure, Web-based tool Epidemic Information Exchange (*Epi-X*). *Epi-X*, which was launched in December 2000, has reported more than 400 disease outbreaks. This system enables members of the public health community to

- Report disease outbreaks particularly those suggestive of bioterrorism rapidly.
- Provide secure communications for response teams during bioterrorism events.
- Instantly notify colleagues and experts of local or state urgent public health events through E-mail, pager, and telephone.
- Research outbreaks and unusual health events through an easily searchable database.

State and local public health professionals use *Epi-X* to provide information to CDC regarding outbreaks and other emerging health threats by bioterrorism. After the detection of anthrax in Florida, *Epi-X* staff collaborated with emergency response teams to rapidly post information from CDC to public health officials around the country and worked with states to disseminate information.

The FY 2002 performance target was to have 750 state and local public health professionals who use Epi-X to provide information to CDC regarding outbreaks and other emerging health threats by bioterrorism. GPRA targets have been met for the last three years.

Immunization

Immunizations rank among the greatest public health achievements of the 20th century. CDC provides national leadership as part of the ongoing effort to protect America's children and adults from vaccine-preventable diseases and to ensure the safety of vaccines. Cases of vaccine-preventable diseases are at or near all-time low levels, and childhood immunization rates are at an all-time high. By all counts, efforts to protect U.S. children from vaccine preventable diseases have been a success. Cases of most vaccine-preventable diseases of childhood are now down more than 97% from peak levels before vaccines were available. The numbers of reported diphtheria, measles, rubella, and mumps cases in 2001 were at an all-time low.

Immunization is reported in the CDC financial statements under Immunization.

Performance measures relate to HHS Goal 3: Emphasize preventive health measures.

Performance Goals: Reduce the number of indigenous cases of vaccine-preventable diseases.

Achieve or sustain immunization coverage of at least 90% among children 19 to 35 months of age for certain vaccines.

Reduced the number of cases of vaccine-preventable diseases to record low levels and achieved all-time high levels of vaccination coverage for all racial and ethnic groups. Ninety percent or more of all infants receive the recommended vaccines for Haemophilus influenzae type B (Hib), measles-mumps-rubella, and diphtheria-tetanus-pertussis by age two. Coverage rates were 89.4% for polio and 88.9% for hepatitis B.

Performance Goal: Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.

Made progress toward meeting the *Healthy People 2010* goal for immunization coverage rates for influenza and pneumococcal disease among adults aged 65 years and older has been especially challenging because of delays in the production and supply of vaccines. Coverage rates for both vaccines have remained fairly constant during 2000 and 2001. Vaccination rates for influenza were 64% in 2000 and 63% for 2001 and for pneumococcal were 53% in 2000 and 54% in 2001. Delays in the distribution of the influenza vaccine supply likely contributed to the slight decline in coverage in 2001.



The FY 2002 performance measure was to increase the rate of influenza and pneumococcal pneumonia vaccination in persons aged 65 years and older. Influenza and pneumococcal vaccination coverage goals for adults aged 65 years and older are based on the 90% coverage goals in Healthy People 2010. It is expected that influenza vaccination coverage will increase approximately 2% per year and pneumococcal vaccination will increase about 3% per year to realize the Healthy People 2010 goals. Expectations were not met in 2001.

Performance Goal: Assist domestic and international partners to help achieve WHO's goal of global eradication of polio.

Supported global polio eradication activities by providing scientific and laboratory assistance, assigning CDC staff to polio-endemic countries, and providing grants to the World Health Organization and the United Nations Children's Fund for vaccine purchase and technical support. The number of polio-endemic countries has been reduced from 20 in 2000 to 8 as of August 1, 2002. The last endemic case of Type 2 polio (one of three polio virus types) was reported in October 1999, suggesting that Type 2 poliovirus may have been eradicated.

The FY 2002 performance target was to purchase 590 million doses of oral polio vaccine for mass immunization campaigns in Asia and Africa. In FY 2002, 694 million doses of oral polio vaccine were purchased with CDC funds. Performance target was exceeded.

Performance Goal: Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal pneumonia.

Developed—in response to delays and a possible vaccine shortage—recommendations for use of influenza vaccine during the 2001–2002 influenza season. In addition to these recommendations, which were a joint effort with the Advisory Committee on Immunization Practices and other partners, CDC also prepared a media campaign, developed a Web site to facilitate the purchase and possible redistribution of influenza vaccine, and provided technical assistance to state and local health departments dealing with vaccine delays.

Supported this GPRA measurement.



Infectious Diseases

CDC is charged with planning, directing, and coordinating efforts to identify, investigate, diagnose, prevent, and control infectious diseases—which remain a leading cause of death worldwide—in the United States and throughout the world. Earlier predictions that many infectious diseases could eventually be eliminated proved incorrect, for they did not take into account changes in demographics, human behaviors, and the ability of microbes to adapt, evolve, and develop resistance to drugs. In the United States and elsewhere, infectious diseases increasingly threaten public health and contribute significantly to the escalating costs of health care. The following highlight some of CDC's accomplishments in protecting the public from infectious diseases during 2002.

Infectious diseases are reported in the CDC financial statements under Infectious Diseases.

Infectious disease performance measures relate to HHS Goal 3: Emphasize preventive health measures; Goal 4: Prepare for and effectively respond to bioterrorism and other public health emergencies, and Goal 7: Advance science and medical research.

Performance Goal: Protect Americans from priority infectious diseases.

Responded to the threat of the West Nile virus and other arboviral diseases by providing more than \$35 million in funding to 50 states, 6 cities, and the District of Columbia to bolster their epidemiologic and laboratory capacity for surveillance and response to threats, for information and education materials for health care workers and the public, and for staff training.

Supported this GPRA measurement.

Enhanced capabilities for early detection of influenza viruses with pandemic potential and thereby improved vaccine decision making by expanding to 550 the number of domestic sites for monitoring influenza viruses (one site for each 250,000 population domestically). In addition, CDC continues to support influenza sites and networks internationally to enhance early detection of viruses with pandemic potential and improve decision making about vaccines.

GPRA targets have been met or exceeded for two consecutive years.

Continued improving surveillance of prion disease and enhancing applied laboratory research for developing diagnostic methods to assess transmission of prion diseases to humans.

Supported this GPRA measurement.



Strengthened the capacity for early identification of foodborne illness and response to these outbreaks by continuing to support 45 public health laboratories in the use of PulseNet to build subtyping capacity and exchange foodborne illness data.



GPRA targets have been met or exceeded for three consecutive years and are targeted to increase in FY 2004.

Performance Goal: Reduce the spread of antimicrobial resistance.

Provided support to 35 state health departments and hospitals for surveillance, prevention, and control of antimicrobial resistance.

GPRA targets have been met or exceeded for the last two years.

Begin implementation of the interagency plan, *A Public Health Action Plan to Combat Antimicrobial Resistance*, that calls for creating a coordinated national antimicrobial resistance surveillance plan; promoting the appropriate use of antimicrobial drugs and preventing the transmission of infections; researching antimicrobial resistance and mechanisms of transmission; and developing new products to prevent, diagnose, and treat infections.

GPRA targets have been met or exceeded for the last two years.

Performance Goal: Eliminate tuberculosis in the United States.

Achieved the eighth consecutive year of decline in TB cases, bringing domestic TB morbidity to an all-time low since TB surveillance began. This decline has come about through key strategies such as increasing the percentage of TB patients who complete a course of curative TB treatment within 12 months of initiation of treatment¹ and increasing the percentage of infectious TB patients with initial positive cultures who also have drug susceptibility results.²

¹ The FY 2001 performance target was to increase the percentage to 88%, but data for FY 2001 will not be available until 2004. The percentage increased from 66% in 1994 to 79.9% in 1999, but did not reach the 1999 target of 85%.

² The FY 2001 performance target was to increase the percentage to 95%. CDC fell slightly short of this target, achieving 92.2% in FY 2001. The target for FY 2000 was 93%, and the actual performance was 92.7%; the target for FY 1999 was 92%, and the actual performance was 91.9%.

Epidemic Services

The scope of CDC's epidemic services extends to acute and chronic infectious and noninfectious diseases, injuries, nutrition, reproductive health, environmental health, occupational problems, and public health emergencies. When local, state, or foreign health authorities request help in controlling an epidemic or solving other health problems, CDC dispatches specially trained epidemiologists from the Epidemic Intelligence Service (EIS) to investigate, resolve, and report the problem.

Epidemic Services are reported in the CDC financial statements under Epidemic Services.

EIS performance measures relate to HHS Goal 3: Emphasize preventive health measures; Goal 4: Prepare for and effectively respond to bioterrorism and other public health emergencies; Goal 6: Improve the quality of health care; and Goal 7: Advance science and medical research.

Performance Goal: Respond to the needs of public health partners through the provision of epidemiologic assistance.

Provided epidemiologic assistance to investigate and control more than 80 outbreaks. These missions, or EPI-AIDS, were carried out by EIS Officers under the supervision of staff epidemiologists at CDC and conducted at the request of local and state health departments and ministries of health in several countries. CDC responded to 100% of requests for assistance. More than 140 EIS Officers were deployed more than 200 times as first responders following the attack on the World Trade Center and the subsequent anthrax investigation.



Responded to the spread of West Nile virus infections across most of the United States east of the Rockies. More than 40 EIS officers were deployed to assist with the investigation of infections in Arkansas, Louisiana, Mississippi, Illinois, and Michigan. In addition, state-based EIS Officers have participated in investigations in other affected states. During 2002, EIS Officers

- Established surveillance for West Nile virus.
- Followed-up cases and contacts.

- Characterized the clinical spectrum of the disease.
- Conducted epidemiological investigations to assess risk factors for disease.
- Evaluated the environmental impacts of control measures.
- Monitored the impact of the outbreak in the animal population.
- Staffed the multistate West Nile virus task force to address cases of transfusion or transplantation-related West Nile virus disease.

The FY 2002 performance target was to respond to 95% of requests for assistance. GPRA targets have been met or exceeded for the last three years.

Performance Goal:	Conduct specialized training programs to provide an effective workforce for state and local health departments, laboratories, and ministries of health.
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Provided international health expertise and assistance around the world:

- Implemented Integrated Disease Surveillance and Response (IDSR) guidelines that have been adapted by more than 20 countries in the African region.
- In Central America, the Dominican Republic, and Haiti, training and service in epidemiology and surveillance has resulted in 53 outbreak investigations, 19 disaster responses, 18 planned epidemiologic investigations, and 58 surveillance projects. Thirty-nine professionals have received comprehensive training in field epidemiology and 325 local health officers have received basic training in epidemiology and surveillance.
- Developed and distributed a computer-based training module, *Botulism in Argentina*, to representatives from approximately 20 Ministries of Health, the World Health Organization, universities, and other organizations.

Supported this GPRA measurement.

Performance Goal:	Maximize the distribution and use of scientific information and prevention messages through modern communication technology.
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Published more than 86 issues of the *Morbidity and Mortality Weekly Report (MMWR)*, a series of publications that in addition to the *MMWR* also includes *MMWR Recommendations and Reports*, *CDC Surveillance Summaries*, and the *MMWR Annual Summary*.

Following the first reported case of anthrax in New York City, the *MMWR* urgently edited and published 16 reports on bioterrorism, including new anthrax prophylaxis and treatment guidelines, recommendations to prevent exposures, and updates of investigations.

The FY 2002 performance target was to publish 86 issues of the MMWR. GPRA targets have been met for the last four years.

Improved dissemination of public health information by implementing the *MMWR* communications plan for revising editorial policies, publications, and Web site to incorporate CDC identity themes; posting urgent reports and notices more quickly; expanding the range of topics addressed in the *MMWR* family of publications; and incorporating GIS mapping and other new information features to the Web site.

The *MMWR* developed a distribution partnership comprised of managed care plans; faculty, staff, and students of the nation's 130 medical schools; academic and professional organizations; and other Internet-based providers of health information. This partnership makes the *MMWR* available to more than 30 million people weekly and is used for routine and urgent *MMWR* distribution.

The FY 2002 performance target was to refine MMWR communication efforts by developing a plan to provide a framework for current activities and to maximize communication of public health messages in print and via the Internet. GPRA targets have been met for the last three years.



Occupational Safety and Health

Although rates of traumatic injuries are decreasing for many occupations and sectors of industry, workplace injuries continue taking a great toll—each day 16 U.S. workers die and 9,000 suffer disabling occupational injuries. In addition to its leadership efforts in preventing these injuries during 2002, CDC was also involved in identifying and tracking health outcomes and the work-related conditions associated with them. Such research will bolster public health efforts to understand and prevent work-related illnesses and injuries.

Occupational safety and health is reported in the CDC financial statements under Environmental and Occupational Health.

These performance measures relate to HHS Goal 4: Prepare for and effectively respond to bioterrorism and other public health emergencies; Goal 7: Advance science and medical research; and Goal 8: Improve the well-being and safety of families and individuals, especially vulnerable populations.

Performance Goal: Identify high-risk working conditions by developing a surveillance system for major occupational illnesses, injuries, exposures, and health hazards.

Provided national leadership in developing and using surveillance data for tracking work-related illnesses, injuries, and hazards, and for improving occupational safety and health.

Collaborated with 12 state health departments to operate the Sentinel Event Notification System for Occupational Risks (SENSOR) for recognizing and preventing work-related sentinel health events, such as pesticide-related illnesses, asthma, silicosis, and burns.

Collected, analyzed, and disseminated surveillance data on occupational illnesses, injuries, and hazards.



The FY 2002 performance target was to annually publish surveillance reports on two topics, target one national activity, and prepare and distribute public use data sets. This GPRA target was met.

Administered an \$11.8 million contract with the Mount Sinai School of Medicine to identify and assess symptoms, injuries, or conditions that may indicate long-term physical or mental illnesses among workers and volunteers who participated in rescue and recovery efforts at the World Trade Center site. A database was also established to compile medical findings, allowing researchers to assess potential occupational illness and injury patterns among World Trade Center rescue workers and volunteers through surveillance data.

Published *Surveillance and Prevention of Occupational Injuries in Alaska: A Decade of Progress, 1990–1999* (DHHS/NIOSH Pub. No. 2002–115), which highlights NIOSH's collaborative efforts to reduce work-related fatalities in Alaska.

Published *Soluciones Simples: Ergonomia Para Trabajadores Agricolas* (DHHS/NIOSH Pub No. 201-111: Spring 2002) that provides illustrated, easy to read guidelines and tip sheets for Spanish-speaking farm workers, their employers, safety professionals, and others as a result of NIOSH surveillance.

Published five *Worker Health Chartbooks* (DHHS/NIOSH Pub. Nos. 2002-117, 118, 119, 120, and 121) that provide comprehensive data and summaries on the nature and prevalence of work-related illnesses, injuries, and deaths.

Supported this GPRA goal.

Performance Goal: Conduct a targeted program of research to reduce morbidity, injuries, and mortality among workers in high-priority areas and high-risk sectors.

Increased funding for the National Occupational Research Agenda (NORA), a framework to guide occupational safety and health research, by 8% intramurally and 19% extramurally. NORA research focuses on 21 priority areas in three categories: disease and injury, work environment and workforce, and research tools and approaches.

The FY 2002 performance target to maintain NORA funding at the FY 2001 level was supported.

Continued collaborative partnerships with 14 federal agencies to solicit research applications for NORA's 21 priority areas through program announcements in hearing loss, musculoskeletal disorders, organization of work and cardiovascular disease, organization of work and depression, health care workers and work-related violence, chronic obstructive pulmonary disease (COPD) and work, traumatic injury, agricultural injuries to children, and intervention effectiveness research in occupational health.

Supported the FY 2002 performance target to maintain intramural research programs in targeted NORA areas.

Performance Goal: Promote safe and healthy working conditions by increasing occupational disease and injury prevention activities through workplace evaluations, interventions, and CDC recommendations.

Received 446 requests for health hazard evaluations (HHEs) from employers, employees, and other government agencies to address potential health hazards and problems such as chemical exposures among workers assembling airline seat

cushions resulting in adverse reproductive outcomes; transmission of TB, herpes B, rabies, and spume virus among primate handlers; and exposures to cutting fluids among machinery operations personnel resulting in hypersensitivity pneumonitis. Out of these 446 HHE requests, CDC completed 389 requests, conducted 67 site visits, and responded to 299 HHEs via technical assistance letter reports conveying appropriate documents, guidelines, and recommendations. In addition, 442 follow-back surveys via the HHE Effectiveness Evaluation Program were distributed to past program consumers in FY 2002.

The FY 2002 performance target was to conduct site visits for at least 30% of HHE requests; provide consultation for the rest; conduct follow-up assessments via the HHE Effectiveness Evaluation Program with periodic data analysis and reports. In FY 2002, CDC conducted site visits for 15% of HHE requests and addressed 67% of these requests via letters of technical assistance.

Investigated 76 high-risk work situations and recommended prevention strategies through the Fatality Assessment and Control Evaluation (FACE) program. This program, active in 20 states, determines contributing factors to occupational fatalities, identifies emerging hazards, and helps develop safety recommendations to prevent occupational fatalities. CDC issued recommendations for providing better training, building safety devices on certain equipment, complying with child labor laws, having a written safety policy, and ensuring proper operation and maintenance of equipment and machinery.



Supported this GPRA goal.

Conducted 44 investigations to identify the common causes of deaths among firefighters and provided recommendations for preventing similar incidents and improving firefighter safety. An investigation into the death of one volunteer firefighter and the injuries of two volunteer firefighters as caused when a fire engine rolled over in Alabama resulted in two important recommendations to fire departments on developing standards of operating procedures for emergency vehicles and semiannual training for drivers of fire department vehicles.

Supported this GPRA goal.

Chronic Diseases

More than 90 million Americans live with chronic illnesses, and nearly 75% of the annual \$1.3 trillion spent on health care is attributable to these conditions. Chronic diseases—including cardiovascular disease, cancer, and diabetes—account for 70% of all U.S. deaths and for one third of the years of potential life lost before age 65. To address escalating health care costs in the United States, we must also address effective ways to prevent chronic diseases. During 2002, CDC sought to prevent the occurrence and progression of chronic disease by reducing or eliminating behavioral risk factors, increasing the prevalence of health promotion practices, and detecting chronic disease early to avoid complications.

Chronic diseases are reported in the CDC financial statements under Chronic Disease Prevention.

These performance measures relate to HHS Goal 1: Increase access to health care; Goal 3: Emphasize preventive health measures; Goal 5: Improve health outcomes; Goal 6: Improve the quality of health care; Goal 7: Advance science and medical research, and Goal 8: Improve the well-being and safety of families and individuals, especially vulnerable populations.

Performance Goal: Increase the capacity of state cardiovascular health programs to address prevention of cardiovascular disease at the community level.

Expanded CDC's state-based health programs for preventing cardiovascular disease—the nation's number-one killer of men and women across all racial and ethnic groups—to include 30 states. CDC also increased the number of states with five of the seven core heart disease and stroke prevention capacities to 18 in FY 2001.

Provided state-based cardiovascular health programs with evaluation tools, including an evaluation framework, a program logic model, and training.

Initiated development of a management information system to coordinate the evaluation of activities conducted by state-based cardiovascular health programs and to enhance technical assistance provided by CDC.

The FY 2002 performance target was to increase to 20 the number of states with five of the seven core heart disease and stroke prevention capacities. GPRA targets have been exceeded for the last three years. Data for FY 2002 are expected to be available in summer 2003.

Performance Goal: Increase early detection of breast and cervical cancer by building nationwide programs in breast and cervical cancer prevention, especially among high-risk, underserved women.

Provided more than 3.5 million screening tests to more than 1.5 million women through CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP). This program has diagnosed almost 12,000 breast cancers, 48,170 precancerous cervical lesions, and more than 800 cases of invasive cervical cancer.

The FY 2001 performance target to diagnose 69% of breast cancer cases at an early stage was not met. The FY 2001 performance target to lower the age-adjusted rate of invasive cervical cancer among women aged 20 years and older to not more than 22 per 100,000 Pap tests provided was exceeded. FY 2002 data regarding early screenings for breast and cervical cancer will be available in spring 2003.



Performance Goal: Improve the quality of state-based cancer registries.

Collected information on cancer cases from central registries that cover 96% of the U.S. population; 65% of states funded by CDC's National Program of Cancer Registries reported at least 95% of unduplicated, expected cases of reportable cancer in state residents in a diagnosis year.

The FY 2001 performance target to increase this percentage to 75% was not met. The GPRA targets for FY 2000 and FY 1999 were exceeded. FY 2002 data will be available in summer 2003.

Performance Goal: Increase the capacity of state diabetes control programs to address the prevention of diabetes and its complications at the community level.

Provided funding and technical assistance to a national network of Diabetes Control Programs (DCPs) that spans 50 states, the District of Columbia, and eight territories. Key FY 2002 activities include these:

- Documented that 100% of the DCPs adopted, promoted, and implemented guidelines for improving the quality of care for persons with diabetes.
- Conducted eight studies on translating research findings into clinical and public health practice and published these studies in peer-reviewed journals.
- Increased the percentage of persons with diabetes who receive annual eye examinations to 72% and foot examinations to 62% in states receiving CDC funding for DCPs.

FY 2002 performance targets related to this goal included maintaining at 100% the number of DCPs that adopt, promote, and implement guidelines for improving the quality of care for persons with diabetes (met); publishing eight studies in peer-reviewed journals (met); and increasing this percentage of persons with diabetes who receive annual eye examinations to 72% and foot examinations to 62% in states funded for diabetes control programs. Data for FY 2002 will be available in fall 2003.

Established state-based pilot projects to test strategies and develop models for identifying persons with early stages of diabetes and for intervening with appropriate lifestyle-related (i.e., diet and physical activity) modifications.

Trained all DCP staff in using the Diabetes Management Information System, which is accessible through the Internet and generates reports, supports queries, standardizes reporting procedures, and consolidates program information.

Supported this GPRA measurement.

Performance Goal: Reduce cigarette smoking among youth.

Funded 50 states, the District of Columbia, and seven territories as part of the National Tobacco Control Program. CDC is supporting health departments with planning, developing, implementing, and evaluating tobacco control programs through funding and technical assistance to meet public health goals, including preventing tobacco use among youth. During 2002, 20 states conducted Youth Tobacco Surveys in middle schools, high schools, or both.

The FY 2003 performance target is to reduce the percentage of youth (grades 9–12) who smoke to 32.3%. YRBSS data released in May 2002 indicated that the FY 2003 target has been met. New performance targets for reducing smoking among teenagers are being developed.

Published the *Introduction to Program Evaluation for Comprehensive Tobacco Control Programs*, a “how-to” guide for planning and implementing evaluation activities, that assists state tobacco control program managers and staff in planning, designing, conducting, and using practical, comprehensive evaluations of tobacco control efforts.

Supported this GPRA measurement.

Performance Goal: Influence America’s children to develop habits that foster good health over a lifetime including physical activity, good nutrition, and the avoidance of illicit drugs, tobacco, and alcohol.

Released findings from the 2001 Youth Risk Behavior Surveillance System (YRBSS) that revealed continued positive trends in most measures of students’ injury- and violence-related behaviors, as well as sexual behaviors that increase the risk for HIV infection, other STDs, and unintended pregnancies. Surveys of 9th to 12th grade



students in 2001 indicated that teenagers are more likely to wear seatbelts and stay out of cars with drivers that had been drinking.

Supported this GPRA measurement.

Performance Goal: Help states monitor the prevalence of major behavioral risks associated with premature morbidity and mortality in adults to improve the planning, implementation, and evaluation of health promotion and disease prevention programs.

Increased to 18 the number of states participating in the Behavioral Risk Factor Surveillance System (BRFSS) that complete 4,000 telephone interviews per year.

The FY 2002 performance target of having 18 participating states was met.

Health Statistics

In 2001, 10.8 percent of American children lacked health insurance coverage, down from 13.9 percent in 1997. During this period, the number of children without health insurance fell from 9.9 million to 7.8 million. Throughout 2002, CDC actively worked to collect, assess, and disseminate statistical data to help identify and measure significant health care issues such as health coverage for American children. Collection of such data helps health policy makers and researchers to create useful and effective policies and programs.

Health statistics are reported in the CDC financial statements under Health Statistics.

Supports HHS Goal 1: increase access to health care; Goal 5: Improve health outcomes; Goal 6: Improve the quality of health care; Goal 7: Advance science and medical research; and Goal 8: Improve the well-being and safety of families and individuals, especially vulnerable populations.

Performance Goal: Monitor trends in the nation's health through high-quality data systems addressing issues relevant to decision makers.

Monitored a broad range of trends and issues critical to understanding the health of Americans and the national health care system. Key trends noted during FY 2002 include these:

- Helped identify the need for increased health care coverage for children by providing high quality data released in 1997 and 2001. States use that information to better manage their State Children's Health Insurance Program (SCHIP) programs, and health care analysts use it to gauge how economic downturns affect health insurance coverage.

- Documented that the average annual number of antimicrobial drugs prescribed to children aged less than 15 years declined from 45.5 million to 30.3 million—a 40% decrease between 1989 and 2000. CDC identified the problem of overprescribing antibiotics in the early 1990s, and started campaigns to educate practitioners and patients on appropriate use of antibiotics.
- Tracked improvements in 10 of 17 indicators of racial health disparity, e.g., total death rate, death rates for stroke, lung cancer, breast cancer, and suicide. CDC noted those improvements in the report *Healthy People 2000: Trends in Racial- and Ethnic-Specific Rates for the Health Status Indicators: United States, 1990–1998*.
- Improved methods for collecting, and the quality and availability of, data for birth and death certificates by updating the content of standardized reports by state and national offices and by reengineering the national vital statistics system to use electronic records over the Internet.
- Included men in the National Family Growth Survey (NFGS) to increase the comprehensiveness of the data this survey provides on family growth and structure.



The FY 2002 performance target of conducting ongoing surveys and data systems that produce detailed trend data for monitoring health was met. GPRA targets have been met or exceeded for the past three years.

Performance Goals: Make data more readily available to decision makers and researchers.

Disseminate health data in innovative ways.

During FY 2002, CDC disseminated data faster through innovative means, including the Internet.

Hosted the National Center for Health Statistics Data User's Conference in Washington, D.C., which was attended by more than 1,700 researchers, policy analysts, and other health professionals.

Completed publishing all historical data sets, from 1968 to the present, on CD-ROM. Data now available include 2000 National Ambulatory Medical Care Survey, 2000 National Hospital Ambulatory Medical Care Survey, 2000 National Home and Hospice Survey, 1999 Health Interview Survey, and 1999–2000 National Health and Nutrition Examination Survey.

Supported this GPRA measurement.



Environmental Health

Diseases and health problems that are spread through water, food, air, waste, and other vectors pose serious public health threats. Many state and local health departments lack the resources to prevent or respond to many environmentally caused diseases. Moreover, a lack of information about the types and amounts of toxic substances that affect people's health hinders public health efforts to address these problems.

Environmental health is reported in the CDC financial statements under Environmental Health beginning with FY 2002. (For prior years, it was reported under Environmental and Occupational Health.)

Environmental health measures relate to HHS Goal 4: Prepare for and effectively respond to bioterrorism and other public health emergencies; Goal 7: Advance science and medical research; and Goal 8: Improve the well-being and safety of families and individuals, especially vulnerable populations.

Performance Goal: Periodically determine the number of Americans exposed to environmental chemicals and the degree of their exposure.

Analyzed biomonitoring data from the National Health and Nutrition Examination Surveys (NHANES) to be published in the second *National Report on Human Exposure to Environmental Chemicals*. This report will document exposure of the U.S. population to at least 75 environmental chemicals and will help assess the effectiveness of public health efforts to reduce exposure to specific environmental chemicals.

The FY 2002 GPRA target was to test a sample of Americans for exposure to 75 priority environmental chemicals and to report on the 50 substances tested for in the previous year. The GPRA targets have been met for the last 3 years.

Performance Goal: Improve state and local public health capacity to prevent and control asthma.

Supported states and cities in building their capacity for responding to respiratory health threats from air pollution:

- Funded 20 sites in community health organizations, hospitals, and nonprofit organizations to implement the Inner-City Asthma Intervention program to reduce the burden of asthma on inner-city children.



- Provided funding to seven sites in public and private nonprofit organizations, universities, hospitals, and local health departments to improve overall asthma management and to decrease asthma-related morbidity among children in urban centers.
- Funded 29 states for Addressing Asthma from a Public Health Perspective to develop state capacity to address asthma and implement state asthma control plans.

The FY 2002 GPRA target was for 28 states to have implemented core asthma programs. The GPRA targets were exceeded for the last three years.

Performance Goal: Increase the capacity of state and local health departments to deliver environmental health services in their communities.

Strengthened the capacity of states to solve environmental health problems:

- Conducted chemical and microbial assessments of ground and surface water close to large-scale swine, cattle, and poultry feeding operations in Iowa, Ohio, North Carolina, Virginia, and Maryland.
- Collaborated with the U.S. Geological Survey and the U.S. Environmental Protection Agency to assess exposure and health effects of sulfates, by-products from disinfection, nitrates, pharmaceuticals, and arsenic in drinking water in 12 states.
- Studied the effects of pesticide exposures and endocrine-disrupting chemicals, especially among children and reproductive-aged women.
- Conducted a community-based rapid assessment of current needs with a focus on mental health and people returning to their homes near the World Trade Centers site in New York City following the terrorist attacks on September 11, 2001.
- Funded five health departments to develop environmental public health activities built on the Essential Public Health Services (www.health.gov/phfunctions/public.htm), Essential Environmental Health Services, and Core Competencies for Effective Practice of Environmental Health framework.
- Continued funding seven states to implement the Environmental Health Specialist Network (EHS-Net), which tracks the environmental contributors to foodborne disease outbreaks.



The FY 2002 GPRA target was to increase to 17 the number of state and local health departments provided with consultation or technical assistance to address environmental health service issues. The actual number, 25, exceeded the GPRA target.

Provided public health and safety oversight in the safe destruction of 13.6 million pounds of lethal sarin, mustard, and VX chemical warfare agents, which accounts for approximately 21.6% of the total inventory of stored chemical munitions in the United States. CDC also helped plan the construction of the next three U.S. chemical stockpile disposal incinerator system sites.

Not linked to a GPRA measurement but supports HHS Goal 1: Reduce major threats to the health and productivity of all Americans.

ATSDR and Environmental Health

ATSDR, a separate agency aligned with CDC, conducts crucial work, much of which directly or indirectly supports the GPRA Performance Goal to “Increase understanding of the relationship between environmental exposures and health effects.” These four performance items highlight some of ATSDR’s accomplishments during FY 2002.

Screened more than 7,200 people in Libby, Montana, during 2000 and 2001 for exposure to tremolite asbestos in vermiculite ore and found that former vermiculite workers and household members demonstrated a greater percentage of pleural abnormalities than other area residents. ATSDR is establishing a registry to address the long-term health outcomes related to asbestos exposure among these workers.

Supported this GPRA goal.



Strengthened the public health focus on children’s environmental health issues by expanding the network of Pediatric Environmental Health Specialty Units to 11 operating units. The staff of these regional units clinically evaluated more than 1,916 children, conducted more than 28,500 telephone consultations, and provided education and training activities to more than 18,700 medical and health professionals.

Supported these GPRA goals.

Initiated a program to evaluate the human health effects potentially associated with contaminants found to be part of the subsistence lifestyle among the Alaska Native population.

Supported these GPRA goals.

Awarded more than \$11.1 million to 31 state health departments, one commonwealth health department, and one Indian nation in FY 2002. ATSDR and those cooperative agreement partners have performed more than 1,800 health assessment

activities, consultations, and exposure investigations, and other public health activities conducted in 44 states, several territories, and a number of American Indian Nations.

Supported these GPRA goals.

Aided the public health response to terrorism related to events of September 11, 2001, and the subsequent anthrax attacks:

- Developed a residential sampling plan that focuses on both indoor and outdoor air and on surface dust that settled in homes near the devastation of the World Trade Centers.
- Supported efforts for daily sampling and data analysis for investigations into air and settled dust near World Trade Centers ground zero.
- Deployed staff to the New York City Department of Health and Mental Hygiene to provide technical and health communication support through July 2002.
- Oversaw the Anthrax Spore Dispersion Project to investigate Level C personal protective equipment to determine probable Anthrax source at the AMI building in Boca Raton, Florida.



Public Health Systems and Workforce Development

Developing and maintaining a strong, modern public health infrastructure and ensuring that the national public health workforce is well-trained, informed, and capable of responding to ever evolving health threats are important priorities for CDC. The following represent some of CDC's key efforts to develop further its capabilities to protect the health of America's communities from the myriad challenges posed by current, new, and emerging health threats.

Public health systems and workforce development are crosscutting activities that are reported in the CDC financial statements under several areas.

Supports HHS Goal 4: Prepare for and effectively respond to bioterrorism and other public health emergencies; Goal 6: Improve the quality of health care; and Goal 7: Advance science and medical research.

Performance Goal: Prepare local, frontline public health workers to respond to current and emerging public health threats.

Finalized, with a broad range of national public health organizations, the Global and National Implementation Plan for Public Health Workforce Development and released competencies for public health practice, public health law, and emergency preparedness and response.

Expanded the number of Centers for Public Health Preparedness (CPHP) to a total of 31. CPHPs are increasing the number of frontline state and local public health workers who are ready to respond to public health threats and emergencies, including terrorism. The academic CPHPs function as a national network in partnership with 76% of the states to develop education and training programs.

The FY 2002 GPRA target to develop and disseminate competency-based public health curricula for informatics, genomics, public health law, emergency response, and basic public health was met.



Released, in collaboration with state and local public health officials, the final version of the National Public Health Performance Standards for public health systems. A summit held on June 20, 2002, recognized adoption of these standards and implementation of the national voluntary assessment program.

The FY 2002 GPRA target to validate selected instruments for dissemination to health departments and laboratories was met.

Performance Goal: Conduct research to identify and evaluate community-based prevention interventions.

Awarded 25 new, larger extramural, peer-reviewed grants that emphasize participatory, community-based research. In these projects, investigators from universities, private research firms, state and local health departments, and community-based organizations work together to define critical research questions for their communities, analyze and interpret findings, and apply results.

The FY 2002 GPRA target to facilitate development of effective community-based interventions to include continued participation by advisory groups and multidisciplinary teams in setting research priorities was met.

Performance Goal: Implement training programs to provide an effective workforce for U.S. health departments and laboratories and ministries of health in developing countries.

Distributed to approximately 4,600 U.S. clinical laboratories bioterrorism preparedness training and reference materials, including a Level A Reference Guide for use during bioterrorism events, and developed and delivered 100 laboratory bioterrorism awareness courses, a Level A preparedness course for on-site hospital staff training, and a train-the-trainer course on methods for rapidly detecting bioterrorism for 59 public health and federal laboratories.



The FY 2002 GPRA target to provide laboratory training in bioterrorism response to increase the number of laboratories participating in the laboratory response network; and to increase adoption of protocols to identify agents of bioterrorism by state laboratories was met.

Bolstered the public health capacity to provide training and leadership by increasing from 176 to 209 the number of graduates from sustainable management development programs who conduct training in developing countries and from 40 to 42 the number of states served by leadership development programs.

The FY 2002 GPRA target to increase the number of Sustainable Management Development graduates who conduct training in developing countries was met.

The FY 2002 GPRA target to increase the number of states served by state and regional leadership development programs was met.

Performance Goals:	<p>Provide a variety of standardized and integrated means for access to CDC information resources by health practitioners and the public.</p> <p>Enhance CDC's information security program.</p> <p>Ensure that critical information systems and infrastructure operate reliably.</p>
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Provided rapid, secure access to key public health data for researchers, policy makers, and the public by improving the infrastructure and content of the CDC Internet Web site, which—with more than 5 million different visitors per month—is one of the most frequently visited government Web sites.

Experienced no serious losses, alterations, or releases of CDC data.

Provided continuous, reliable operation of CDC's critical information systems and information technology infrastructure 99.5% of the time.

The FY 2002 GPRA targets to increase public access to CDC information resources through the CDC Web site and to protect CDC's data systems from serious losses, alterations, or releases of critical or sensitive data were met.

Injury Prevention

Unintentional injuries and violence are among the top 10 killers of Americans of all ages, and injuries kill more Americans in their first three decades of life than any other cause of death. Unintentional injuries caused by falls, fires, drowning, motor vehicle crashes, and other such events are not considered “accidental” but rather preventable. Preventing injuries costs far less than treating them; consequently, CDC is engaged in a wide range of activities and programs that have the potential to reduce deaths, injuries, and disabilities.

Injury prevention is reported in the CDC financial statements under Injury Prevention and Control.

Relates to HHS Goal 3: Emphasize preventive health measures; HHS Goal 5: Improve Health Outcomes; and Goal 8: Improve the well-being and safety of families and individuals, especially vulnerable populations.

Performance Goals: Monitor and detect fatal and nonfatal injuries.
 Improve systems to collect and report critical data on injuries.

Enhanced the interactive Internet-based Injury Statistics Query and Reporting System, (WISQARS™) to include national data on fatal and nonfatal injuries.
<http://www.cdc.gov/ncipc/wisqars>.

The FY 2002 performance target of expanding WISQARS to include nonfatal data was met.

Reached nearly 7.5 million people and potentially saved nearly 350 lives as a result of CDC-funded programs that installed smoke alarms and provided fire safety education to high-risk communities in 14 states. From 1998 through 2001, program staff canvassed almost 160,000 homes and installed more than 116,000 smoke alarms.

The FY 2002 performance target to reduce the incidence of residential fire deaths to 1.1 per 100,000 population was met.

Formed, in conjunction with the United States Fire Administration (USFA), and the Consumer Product Safety Commission, a working group tasked with eliminating residential fire deaths by 2020. This group, which Congress has funded through the USFA, is collaborating to develop a new fire safety campaign that will target high-risk populations and planning steps to achieve goals that include surveillance, research, and marketing.



Supported these GPRA targets.

Provided, through joint funding with the Health Resources and Services Administration (HRSA), support to the American Association of Poison Control Centers for developing and implementing a national, toll-free poison control number. All state poison centers began using this toll-free number in January 2002. Having one nationwide number will improve access to poison control services for all Americans, including those in underserved areas.

Supported these GPRA targets.

Performance Goals: Develop transferable and sustainable injury and violence prevention programs by supporting prevention research. Expanded injury prevention and control research with an emphasis on putting research into action.

Documented that nearly two thirds of children killed in vehicle crashes involving a drinking driver were riding with the impaired driver. CDC found that fewer than 20% of the children killed were properly restrained at the time of the crash and proper use of restraints decreased as the driver's blood alcohol concentration increased. As a result of this research, 21 states have introduced legislation that establishes penalties under state child abuse laws for persons who transport children aged 15 years or less while driving drunk.

Supported these GPRA targets.



Performance Goals: Develop best practice protocols for implementation and evaluation of youth violence prevention programs.

Initiated a prevention program for youth violence in middle schools through a multisite project affiliated with four universities. Researchers will implement and evaluate the same school-based program at different settings to determine which elements work and under what circumstances. The program teaches students conflict resolution and problem solving skills, trains teachers about violence prevention, and engages family members in program activities. This project represents one of the largest efforts to date to assess the effectiveness of school-based violence prevention among middle school students.

Supported this GPRA target.

Birth Defects and Developmental Disabilities

More than 120,000 infants are born with birth defects each year in the United States. The 17 most common birth defects cost approximately \$6 billion for children born in a single year. With medical advances, more babies with serious birth defects are surviving, and many experience lifelong disabilities, illness, and social challenges. In addition, 17% of U.S. children under the age of 18 years have some type of developmental disability. Children and adults living with disabilities often suffer from secondary medical, social, emotional, family, and community problems.

CDC works to monitor trends in birth defects over time, determine what causes birth defects, and develop and evaluate prevention strategies. Because most causes of birth defects and developmental disabilities remain unknown, prevention is not possible for most of them. CDC has developed programs to promote the use of folic acid to reduce the incidence of spina bifida and to promote alcohol-free pregnancy to prevent fetal alcohol syndrome. CDC also works to prevent secondary conditions and to promote health and wellness for children and adults living with disabilities.

Birth defects and developmental disabilities are reported in the CDC financial statements under Birth Defects beginning with FY 2002.. (For prior years, they were reported under Environmental and Occupational Health.)

Performance objectives are related to Goal 3: Emphasize preventive health measures; Goal 5: Improve health outcomes; and Goal 7: Advance science and medical research.

Performance Goal:	Increase the consumption of folic acid among women of reproductive age to prevent serious birth defects.
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Documented, in four published reports, research correlating the consumption of folic acid and the prevention of birth defects:

- Data from state monitoring programs on birth defects indicate a 30% decrease in the combined rate of spina bifida and anencephaly among infants conceived after mandatory fortification with folic acid.
- Data from the folic acid community intervention in China show a 50% decrease in incidence of imperforate anus.
- An Atlanta-based study shows that regular maternal use a multivitamin containing folic acid before and during early pregnancy seems to reduce the rate for omphalocele, a relatively common abdominal wall defect, by 62%.

- A study of diabetic women can reduce the fourfold to fivefold increased risk of neural tube defects and some heart defects among infants by using a multivitamin containing folic acid before and during early pregnancy.

The FY 2001 GPRA target was to increase women of reproductive age who consume 400 micrograms of folic acid daily to 36% was not met.

Performance Goal: Improve the data on the prevalence of birth defects and developmental disabilities.

Supported 35 states—an increase of two—for birth defects surveillance, research, and prevention activities.

Completed 11,000 maternal interviews for the National Birth Defects Prevention Study, the largest study of causes of birth defects ever undertaken. The database containing information from the first 9,000 interviews, along with tools for analyzing the data, has been released for researchers.

Expanded the research program about the prevalence and causes of autism by increasing from four to six both the number of states studying the prevalence of autism and the number of Centers of Excellence for Autism and Other Developmental Disabilities.

Established the Autism Information Center, a Web-based resource that includes information about autism spectrum disorders (ASDs); ASD-related activities at CDC and other federal agencies and ASD-related state activities funded by CDC; and federally funded resources for families and researchers.

Published the first prevalence report of the Fetal Alcohol Syndrome Surveillance Network (FASSNet), documenting rates for fetal alcohol syndrome per 1,000 live-born infants for Arizona (0.3), Colorado (0.3), New York (0.4), and Alaska (1.5). CDC also completed an intervention study, Project CHOICES, which was aimed at reducing alcohol-exposed pregnancies among high-risk, nonpregnant women and resulted in a 60% reduction in the number of women at risk at their sixth month follow-up visit. A CDC study shows, however, that heavy alcohol use and binge drinking by pregnant women have not declined since their peak in 1995.

Supported this GPRA goal.



Performance Goal: Monitor, characterize, and improve the health status of Americans with disabilities.

Initiated programs that focus on the needs of people living with various disabilities:

- Attention-deficit/hyperactivity disorder (ADHD)—features a national resource and information center and three population-based research projects on prevalence and health risk behaviors.
- Duchenne and Becker Muscular Dystrophy—works to determine the incidence of these conditions in the United States and to create a system for evaluating the impact of treatment options.
- Special Olympics Healthy Athletes Initiative—addresses health challenges and disparities encountered by Special Olympics athletes and other people with mental retardation.

Supported this GPRA measure.

Increased from 14 to 50 the number of states biennially using the Behavioral Risk Factor Surveillance System to monitor the health status of people with disabilities.

The FY 2001 GPRA target was to increase the number of participating states to 14. GPRA targets have been met or exceeded for the last four years.



HIV and Sexually Transmitted Diseases

The United States continues to record the highest rates for sexually transmitted diseases (STDs) in the industrialized world. Domestically, STDs are the most commonly reported infections of all notifiable diseases reported to CDC. Because most STDs are asymptomatic and several of the most common STDs are not routinely reported, the true burden of STDs is many times greater than that reflected by national surveillance statistics. Globally, an estimated 40 million people are infected with HIV. In the United States, 8.5–9 million persons are infected, and approximately one quarter are unaware of their infection. An estimated 15 million new cases of non-HIV STDs, such as syphilis, chlamydia, gonorrhea, genital herpes, and human papillomavirus (HPV), occur each year at an annual cost of at least \$10 billion.

Funding for sexually transmitted diseases is reported in the CDC financial statements under Infectious Diseases.

Performance measures relate to HHS Goal 1: Increase access to health care; Goal 3: Emphasize preventive health measures; Goal 5: Improve health outcomes; and Goal 7: Advance science and medical research.

Performance Goal: Reduce STD rates by providing chlamydia and gonorrhea screening, treatment, and partner treatment to 50% of women in publicly funded family planning and STD clinics nationally.

Continued prevention of infertility and other significant complications of chlamydia and gonorrhea through research, screening, and treatment programs for at-risk women nationwide. The effectiveness of large-scale screening programs in reducing chlamydia prevalence among women has been well documented in areas where this intervention has been in place for several years. After adjusting trends in chlamydia positivity to account for changes in laboratory test methods and associated increases in test sensitivity, chlamydia test positivity decreased in five of 10 HHS regions from 2000 to 2001, increased in four regions, and remained the same in one region. Although chlamydia positivity has declined in the past year in some regions because of the effectiveness of screening and treatment of women, the continued expansion of screening programs to populations with higher prevalence of disease may have contributed to increases in positivity in other regions.

Supported this GPRA target.

Performance Goal: Reduce the incidence of primary and secondary syphilis through the development of syphilis elimination action plans for each state that had a primary and secondary syphilis rate in 1995 of >4 per 100,000 population and an HIV prevalence in childbearing women of >1 per 1,000.

Continued to achieve historically low overall rates of syphilis and to reduce racial disparities in the incidence of syphilis. Ninety-four percent of U.S. counties have decreased the incidence of primary and secondary syphilis in the general population to less than four per 100,000, and nationwide rates of congenital syphilis have fallen by 76% from 1995–2001. CDC collaborates with state and local health departments and with the National Institutes of Health, Substance Abuse and Mental Health Services Administration, National Institute of Justice, Association of Public Health Laboratories, and American Social Health Association to provide technical guidance regarding clinical services and to implement research and demonstration projects. For more information, visit <http://www.cdc.gov/nchstp/dstd/dstdp.html>.



In 2002, CDC published revised guidelines for treatment and clinical management for persons with STDs. The Guidelines also include recommendations on screening, diagnosis, prevention services, and education and counseling of sex partners. They have been updated to include recent research findings on the diagnosis and treatment of sexually transmitted diseases.

FY 2002 GPRA targets were to increase to 92% the number of U.S. counties with an incidence of primary and secondary syphilis of equal to or less than four per 100,000 and to increase the percent reduction in the racial disparity by 15%. CDC achieved both targets for FY 2001; data for FY 2002 will be available in late summer 2003.

Performance Goal: Working with host countries, USAID, and international and U.S. government agencies, reduce the number of new HIV infections among 15- to 24-year-olds in sub-Saharan Africa from an estimated 2 million by 2005.

Expanded global AIDS activities from 15 to 25 countries in Africa, Asia, and Latin America through an increase of \$39.26 million (for a total of \$143.76 million) for global HIV/AIDS programs. These programs focus on improving primary prevention of HIV, preventing perinatal transmission of HIV, care and treatment for HIV/AIDS and related opportunistic infections, and the capacity of countries to collect and use surveillance data and manage HIV/AIDS programs.



In FY 2001, CDC set targets involving initiating, expanding, or strengthening certain HIV/AIDS activities in the 24 Global AIDS Program countries. CDC exceeded the target for three of these activities (surveillance; technical assistance for treatment of STDs, TB, and other opportunistic infections; and perinatal HIV prevention) and missed its target by one country for the other activity (voluntary counseling and testing).

Performance Goal: Improve HIV intervention and prevention programs and continuity of care.

Continued efforts to prevent HIV infection and to improve access to and continuity of care.

- Implemented the media campaign “KNOW NOW!” in five cities. This campaign is designed to encourage persons at high risk to learn their HIV status, to raise awareness of the benefits of HIV testing, and to address barriers to testing and treatment.
- Published *Revised Guidelines for HIV Counseling, Testing, and Referral and Revised Recommendations for HIV Screening of Pregnant Women*.
- In 2002, the Capacity Building Branch provided approximately 500 different activities to assist CDC-funded community-based organizations, state and local health departments, and nondirectly funded organizations with building capacity in organizational infrastructure, HIV prevention interventions, community mobilization, and community planning.

The FY 2001 GPRA target to provide technical assistance—based on use of a guidance document—to all community planning groups requesting assistance was met.

